CLAIMS AS FILED - PART I (Column 1) (Column 2)						L ENTITY	,	OTHE	R TH/
		ER FILED		(Column 2) NUMBER EXTRA			OR		
BASIC FEE					345.00	٦.	RATE	F 690	
FOTAL CLAIMS	Q		20= •		X\$ 9=		7		050
NDEPENDENT CLA	IMS /	minu	s 3 = *				OR	<u> </u>	
MULTIPLE DEPENDENT CLAIM PRESENT					X39=	╂	OR	X78=	<u> </u>
If the difference in	column 1 is	loss than a	TOTAL ANTON SIGN SIGN		+130=		OR	+260=	
TEMP 1				column 2	TOTAL		OR	TOTAL	69
710-076	(Column 1)	AMENDE	D - PART II (Column 2)	(Column 3)	SMALI	. ENTITY	OR	OTHER SMALL	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	7	RATE	AD TIO
Total • Independent •	6	Minus	. 2D	=0,	X\$ 9=	117	OR	X\$18=	FI
Independent •	2	Minus	··· 3	10	X39=	1 X	1	X78=	
FIRST PRESENT	TATION OF M	ULTIPLE DE	PENDENT CLAIM	1	100	//	OR		1
7/					+130= TOTAL		OR	+260=	
	(Calumn 4)				ADDIT. FEE	- 3	OR	TOTAL ADDIT. FEE	
Was and	(Column 1) CLAIMS		(Column 2)	(Column 3)		1	, ,		
Total • Independent •	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADI TION FE
Total •		Minus	**	=	X\$ 9=		OR	X\$18=	
Independent •		Minus	***	=	X39=		OR	X78=	
TINOT PHESENT	ATION OF MI	JLTIPLE DE	PENDENT CLAIM		400		1 t		
					+130= TOTAL	ļ	OR	+260≃	
					ADDIT. FEE		OR ,	TOTAL DDIT, FEE	
	Column 1) CLAIMS		(Column 2) HIGHEST	(Column 3)					
	REMAINING AFTER MENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADE TION FEI
Total .		Minus	**	=	X\$ 9= ·		OR	X\$18=	
Independent •		Minus	***	=	X39=		 	X78=	
	ATION OF MU	ILTIPLE DEF	PENDENT CLAIM		+130=		OR	A/0=	
FIRST PRESENT	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."						OR	+260=	
If the entry in column	1 is less than th	e entry in colu	mn 2, write "0" in col	umn 3.	TOTAL		L	TOTAL	

Application or Docket Number